

AUTO CR - LOG SUMMARY #1075584

TYPE: INFO

Incident Finding / Overall Case Finding

| Description of Incident | Finding | Entered By | Entered Date |
|---|----------------|------------|--------------|
| It is reported that the involved officer discharged his Taser at [REDACTED] s after [REDACTED] who was wanted on several warrants, fled from Officer Proctor and resisted arrest. | (None Entered) | | |

Reporting Party Information

| | Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------|-----------------------------|-----------------|----------|------------|-----------|----------------------|-----|------|---------|-------|
| CPD Employee | Reporting Party Third Party | BAIO, ANTONIO M | | [REDACTED] | 011 / | LIEUTENANT OF POLICE | M | WHI | | |

Incident Information

| Incident From Date/Time | Address of Incident | Beat | Dist. Of Occurrence | Location Code | Location Description |
|---------------------------------------|---------------------|------|---------------------|-----------------|----------------------|
| 09-JUN-2015 10:02 - 09-JUN-2015 10:02 | [REDACTED] | 1132 | 011 | 290 - RESIDENCE | |

Accused Members

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Status | Initial / Intake Allegation |
|------|------|----------|---------|-----------|----------|--------|-----------------------------|
|------|------|----------|---------|-----------|----------|--------|-----------------------------|

Other Involved Parties

| | Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------|-----------------|-------------------------|----------|------------|-----------|----------------|-----|------|------------|-------|
| NON-CPD | Victim/Subject | [REDACTED] | | | | | M | BLK | [REDACTED] | |
| CPD Employee | Involved Member | PROCTOR, STEPHEN F | | [REDACTED] | 011 / | POLICE OFFICER | M | WHI | | |
| CPD Employee | Witness | GORZELANNY JR, ROBERT E | 20556 | | 011 / | POLICE OFFICER | M | WHI | | |
| CPD Employee | Witness | BERTINI, MICHAEL L | 13396 | | 011 / | POLICE OFFICER | M | WHI | | |
| CPD Employee | Witness | HAWKINS, KEVIN T | | [REDACTED] | 011 / | POLICE OFFICER | M | WHI | | |

Involved Party Associations

| Role | Rep. Party Name | Related Person | Relationship |
|------|-----------------|----------------|--------------|
|------|-----------------|----------------|--------------|

Incident Details

| | | | |
|--------------------------------|------|------------------------------|------|
| CR Required? | | Manner Incident Received? | BELL |
| Confidential? | | Biased Language? | N |
| Extraordinary Occurrence? | N | Bias Based Profiling? | N |
| Police Shooting (U)? | N | Alcohol Related? | N |
| Non Disciplinary Intervention: | N | Pursuit Related? | N |
| Initial Assignment: | IPRA | Violence in Workplace? | N |
| Notify IAD Immediately? | N | Domestic Violence? | N |
| EEO Complaint No.: | | | |
| Civil Suit No.: | | Civil Suit Settled Date: | |
| Notify Chief Administrator? | N | Notify Chief? | |
| Notify Coordinator? | | Notification Does Not Apply? | Y |
| Notification Other? | N | | |
| Notification Comments: | | | |

Incident Category List

| Incident Category | Primary? | Initial? |
|--|----------|----------|
| 20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE | Y | Y |

Incident Category List

Investigator History

| Investigator | Type | Assigned Team | Assigned Date | Scheduled End Date | Investigation End Date | No. of Days |
|--------------|------|---------------|---------------|--------------------|------------------------|-------------|
|--------------|------|---------------|---------------|--------------------|------------------------|-------------|

Extension History

| Name | Previous Scheduled End Date | Extended Scheduled End Date | Date Certified Letter Sent | Reason Selected | Explanation | Extension Report Date | Approved By | Approved Date | Approval Comments |
|------|-----------------------------|-----------------------------|----------------------------|-----------------|-------------|-----------------------|-------------|---------------|-------------------|
|------|-----------------------------|-----------------------------|----------------------------|-----------------|-------------|-----------------------|-------------|---------------|-------------------|

Current Allegations

| Accused Name | Seq. No. | Allegation | Category | Subcategory | Finding |
|--------------|----------|------------|----------|-------------|---------|
|--------------|----------|------------|----------|-------------|---------|

Situations (Allegation Details)

| Accused Name | Alleg. No. | Situation | Victim/Offender Armed? | Weapon Types | Weapon Other | Weapon Recovered? | Deceased? |
|--------------|------------|-----------|------------------------|--------------|--------------|-------------------|-----------|
|--------------|------------|-----------|------------------------|--------------|--------------|-------------------|-----------|

Status History

| Resulting Status | Status Date/Time | Created By | Position | UOA / UOD | Comments |
|---------------------------|-------------------|------------------------|----------------------|-----------|--|
| ADMINISTRATIVELY CLOSED | 19-JUN-2015 06:16 | STOUTENBOROUGH, ANDREA | SUPERVISING INV COPA | 113 / | No allegations of misconduct. |
| CLOSED AT C.O.P.A. | 19-JUN-2015 06:16 | STOUTENBOROUGH, ANDREA | SUPERVISING INV COPA | 113 / | |
| PENDING ASSIGN TEAM | 19-JUN-2015 06:15 | STOUTENBOROUGH, ANDREA | SUPERVISING INV COPA | 113 / | |
| PENDING SUPERVISOR REVIEW | 19-JUN-2015 06:14 | STOUTENBOROUGH, ANDREA | SUPERVISING INV COPA | 113 / | |
| PRELIMINARY | 19-JUN-2015 06:04 | STOUTENBOROUGH, ANDREA | SUPERVISING INV COPA | 113 / | Need location code; all officers listed as Involved Member when it should only be PO Proctor; correct injury. (Correct spelling to "ingestion.") |
| PENDING ASSIGN TEAM | 19-JUN-2015 05:59 | DEAN, BRUCE | SUPERVISING INV COPA | 113 / | |
| PENDING SUPERVISOR REVIEW | 19-JUN-2015 05:58 | DEAN, BRUCE | SUPERVISING INV COPA | 113 / | |
| PRELIMINARY | 19-JUN-2015 05:24 | DEAN, BRUCE | SUPERVISING INV COPA | 113 / | |
| PRELIMINARY | 19-JUN-2015 05:04 | STOUTENBOROUGH, ANDREA | SUPERVISING INV COPA | 113 / | correct spelling to "ingested" |
| PENDING ASSIGN TEAM | 19-JUN-2015 10:17 | QUERFURTH, PATRICK | SUPERVISING INV COPA | 113 / | |
| PENDING SUPERVISOR REVIEW | 19-JUN-2015 10:17 | QUERFURTH, PATRICK | SUPERVISING INV COPA | 113 / | |
| PRELIMINARY | 10-JUN-2015 09:53 | QUERFURTH, PATRICK | SUPERVISING INV COPA | 113 / | check |
| PENDING SUPERVISOR REVIEW | 10-JUN-2015 09:44 | JACKSON, TYRONE | INVESTIGATOR 2 COPA | 113 / | |
| PRELIMINARY | 10-JUN-2015 09:44 | JACKSON, TYRONE | INVESTIGATOR 2 COPA | 113 / | |
| PRELIMINARY | 10-JUN-2015 08:53 | CARTER, SHYKELA | INVESTIGATOR 3 COPA | 113 / | |
| PRELIMINARY | 10-JUN-2015 08:53 | CARTER, SHYKELA | INVESTIGATOR 3 COPA | 113 / | |
| PRELIMINARY | 10-JUN-2015 08:26 | CARTER, SHYKELA | INVESTIGATOR 3 COPA | 113 / | |
| PRELIMINARY | 10-JUN-2015 01:07 | GRISSETT JR, JAMES | POLICE OFFICER | 116 / | |

Attachments

| No. | Type | Related Person | No. of Pages | Narrative | Original in File | Entered By | Entered Date/Time | Status | Approve Content | Approve Inclusion |
|-----|------------|----------------|--------------|-----------|------------------|--------------------|-------------------|--------|-----------------|-------------------|
| 1 | FACE SHEET | | | | | GRISSETT JR, JAMES | 10-JUN-2015 01:07 | | | |

Attachments

| No. | Type | Related Person | No. of Pages | Narrative | Original in File | Entered By | Entered Date/Time | Status | Approve Content | Approve Inclusion |
|-----|-----------------------------|----------------|--------------|--------------------------------------|------------------|-----------------|-------------------|----------|-----------------|-------------------|
| | DOCUMENTS - INTAKE INCIDENT | | 2 | PO Bertini | N | JACKSON, TYRONE | 10-JUN-2015 09:43 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | Officer Battery Report P.O. Proctor. | N | JACKSON, TYRONE | 10-JUN-2015 09:10 | DELETED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | PO Hawkins | N | JACKSON, TYRONE | 10-JUN-2015 09:42 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 12 | 9 June 2015. | N | JACKSON, TYRONE | 10-JUN-2015 09:11 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | PO Proctor | N | JACKSON, TYRONE | 10-JUN-2015 09:09 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 1 | Taser download. | N | JACKSON, TYRONE | 10-JUN-2015 09:08 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | PO Gorzebany | N | JACKSON, TYRONE | 10-JUN-2015 09:41 | APPROVED | | |

Review Incident

| Review Type | Accused/Involved Member Name | Result Type | Reviewed By | Position | Unit | Review Date | Remarks |
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|

Review Accused

| Review Type | Accused/Involved Member Name | Result Type | Reviewed By | Position | Unit | Review Date | Remarks |
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|

Accused Finding History

| Accused | Allegation | Reviewed By | Reviewed Date/Time | CCR? | Concur? | Finding | Finding Comments |
|---------|------------|-------------|--------------------|------|---------|---------|------------------|
|---------|------------|-------------|--------------------|------|---------|---------|------------------|

Accused Penalty History

| Accused | Reviewed By | Reviewed Date/Time | CCR? | Concur? | Penalty | Penalty Comments |
|---------|-------------|--------------------|------|---------|---------|------------------|
|---------|-------------|--------------------|------|---------|---------|------------------|

Findings

| Accused Name | Allegations | Category | Concur? | Findings | Comments |
|--------------|-------------|----------|---------|----------|----------|
|--------------|-------------|----------|---------|----------|----------|

FACE SHEET (Notification Date: 10-JUN-2015) - LOG #1075584

TYPE: INFO

Reporting Party Information

| | Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------|-----------------------------|-----------------|----------|---------|-----------|----------------------|-----|------|---------|-------|
| CPD Employee | Reporting Party Third Party | BAIO, ANTONIO M | | | 011 / | LIEUTENANT OF POLICE | M | WHI | | |

Incident Information

| Incident From Date/Time | Address of Incident | Beat | Dist. Of Occurrence | Location Code | Location Description |
|---------------------------------------|---------------------|------|---------------------|-----------------|----------------------|
| 09-JUN-2015 10:02 - 09-JUN-2015 10:02 | | 1132 | 011 | 290 - RESIDENCE | |

Accused Members

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Status | Initial / Intake Allegation |
|------|------|----------|---------|-----------|----------|--------|-----------------------------|
|------|------|----------|---------|-----------|----------|--------|-----------------------------|

Incident Details

| | | | |
|--------------------------------|------|------------------------------|------|
| CR Required? | | Manner Incident Received? | BELL |
| Confidential? | | Biased Language? | N |
| Extraordinary Occurrence? | N | Bias Based Profiling? | N |
| Police Shooting (U)? | N | | |
| Motor Vehicle (V)? | | Alcohol Related? | N |
| Non Disciplinary Intervention: | N | Pursuit Related? | N |
| Initial Assignment: | IPRA | Violence in Workplace? | N |
| Notify IAD Immediately? | N | Domestic Violence? | N |
| EEO Complaint No.: | | | |
| Civil Suit No.: | | Notify Chief? | |
| Notify Chief Administrator? | N | Notification Does Not Apply? | Y |
| Notify Coordinator? | | | |
| Notification Other? | N | | |

Initial Incident Category List

| Initial Incident Category | Primary? |
|--|----------|
| 20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE | Y |

Assignment History

| Assigned To | Assigned Team | Investigator | Assignment Date/Time | Assigned By | Reason |
|-------------|--|--------------|----------------------|--------------------|--------|
| IPRA | CIVILIAN OFFICE OF POLICE ACCOUNTABILITY | - | 10-JUN-2015 01:07 | GRISSETT JR, JAMES | |

Status History

| Resulting Status | Status Date/Time | Created By | Position | UOA / UOD | Comments |
|---------------------------|-------------------|------------------------|----------------------|-----------|--|
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| PRELIMINARY | 19-JUN-2015 05:04 | STOUTENBOROUGH, ANDREA | SUPERVISING INV COPA | 113 / | correct spelling to "ingested" |
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| PRELIMINARY | 10-JUN-2015 01:07 | GRISSETT JR, JAMES | POLICE OFFICER | 116 / | |

**EVIDENCE SYNC****TASER Information**

Serial X3000170N
Model TASER X2
Firmware Version Rev. 04.010
Application Version 3.13.4
Health Good

Offline Report

Local Timezone Central Daylight Time (UTC -05:00)
Generated On 09 Jun 2015 23:56:59

Device (X2) Dates from : Tue Jun 9 15:00:00 2015 to : Tue Jun 9 23:00:00 2015

| Seq # | Local Time [DD:MM:YYYY hh:mm:ss] | Event [Event Type] | Cartridge Info [Bay: length in feet/ status] | Duration [Seconds] | Temp [Degrees Celsius] | Batt Remaining [%] |
|-------|-------------------------------------|-----------------------|---|-----------------------|---------------------------|-----------------------|
| 859 | 09 Jun 2015 15:20:45 | Armed | C1: 25' Standard C2: 25' Standard | | 30 | 88 |
| 860 | 09 Jun 2015 15:20:46 | Arc | C1: 25' Standard C2: 25' Standard | 1 | | 88 |
| 861 | 09 Jun 2015 15:20:46 | Safe | C1: 25' Standard C2: 25' Standard | 1 | 31 | 88 |
| 862 | 09 Jun 2015 17:27:04 | Armed | C1: 25' Standard C2: 25' Standard | | 34 | 88 |
| 863 | 09 Jun 2015 17:27:07 | Trigger | C1: Deployed | 5 | | 88 |
| 864 | 09 Jun 2015 17:27:54 | Safe | C1: Deployed C2: 25' Standard | 50 | 38 | 88 |
| 865 | 09 Jun 2015 18:22:02 | USB Connected | | | | |
| 866 | 09 Jun 2015 18:24:47 | Time Sync | 09 Jun 2015 18:25:26 to 09 Jun 2015 18:24:47 | | | |

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|---|--|---|---|--|----------------------------------|---|----------------------|-----------------------|--|-----------------------|--|-----------------------|--|--|
| MEMBER INVOLVED | 1. DATE OF INCIDENT 09-JUN-2015 | | TIME 22:02:00 | | 2. ADDRESS OF OCCURRENCE [REDACTED] | | | 3. LOCATION CODE 090 | | 4. BEAT/OCCUR 1132 | | | | | | | | | |
| | 5. POSITION 9161 | | 6. LAST NAME PROCTOR | | 7. FIRST NAME STEPHEN F | | 8. STAR NO. 6745 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE WHI | | 11. AGE [REDACTED] | | 12. HT. 511 | | 13. WT. 170 | | |
| | 14. DATE OF APPT. [REDACTED] | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 011 1106B | | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | | |
| SUBJECT INFORMATION | 20. LAST NAME [REDACTED] | | 21. FIRST NAME [REDACTED] | | 22. M.I. [REDACTED] | | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24. RACE BLK | | 25. D.O.B. [REDACTED] | | 26. HT. 511 | | 27. WT. 230 | | | | |
| | 28. TELEPHONE NO. [REDACTED] | | 29. TELEPHONE NO. [REDACTED] | | 30. WAS SUBJECT ARMED? FEET, HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | | | | | |
| | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED] | | 34. BY WHOM? [REDACTED] | | 35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | | | | | | | | | | | | | |
| 36. CHARGES PLACED [REDACTED] | | | | | | | | | | 37. CB NO. [REDACTED] | | IR NO. [REDACTED] | | | | | | | |
| REASON FOR USE OF FORCE (Check all that apply) | 38. DNA <input type="checkbox"/> | | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT: ASSAULT | | ASSAILANT: BATTERY | | ASSAILANT: DEADLY FORCE | | | | | | | | |
| | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | FLED <input checked="" type="checkbox"/> | | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> | | ATTACK WITH WEAPON <input checked="" type="checkbox"/> | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> | | | | | | | | | | |
| | STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> | | PULLED AWAY <input checked="" type="checkbox"/> | | OTHER _____ | | ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> | | WEAPON <input type="checkbox"/> | | | | | | | | | | |
| MEMBER'S RESPONSE | | MEMBER PRESENCE <input checked="" type="checkbox"/> | | OPEN HAND STRIKE <input type="checkbox"/> | | ELBOW STRIKE <input type="checkbox"/> | | KNEE STRIKE <input type="checkbox"/> | | FIREARM <input type="checkbox"/> | | | | | | | | | |
| VERBAL COMMANDS <input checked="" type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | OTHER _____ | | | | | | | | | | | |
| ESCORT HOLDS <input type="checkbox"/> | | OC CHEMICAL WEAPON <input type="checkbox"/> | | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | | | | | | | | | | | | |
| WRISTLOCK <input type="checkbox"/> | | CANINE <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| ARMBAR <input type="checkbox"/> | | TASER (Probe Discharge) <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | |
| PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | TASER (Contact Stun) <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| CONTROL INSTRUMENT <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> | | OTHER _____ | | | | | | | | | | | | | | | | | |
| OTHER _____ | | | | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 39. DNA <input type="checkbox"/> | | * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED] | | 40. ADDITIONAL INFORMATION [REDACTED] | | | | | | | | | | | | | | |
| | POSITION [REDACTED] | | STAR NO. [REDACTED] | | UNIT [REDACTED] | | | | | | | | | | | | | | |
| | 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | 42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors | | 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | 44. WEATHER CONDITIONS CLEAR | | | | | | | | | | | | |
| 45. MAKE/MANUFACTURER [REDACTED] | | 46. MODEL [REDACTED] | | 47. BARREL LENGTH [REDACTED] | | 48. CALIBER/GAUGE [REDACTED] | | | | | | | | | | | | | |
| 49. TASER DART ID NO. C62004WT3 | | 50. WEAPON SERIAL No. (Include Letters) X300011TON | | 51. CHICAGO GUN REG. NO. [REDACTED] | | 52. IL FIREARM OWNER ID. NO. [REDACTED] | | 53. HANDGUN CERTIFICATE NO. [REDACTED] | | | | | | | | | | | |
| 54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED] | | 55. PROPERTY INVENTORY NO. [REDACTED] | | 56. TYPE OF AMMUNITION USED [REDACTED] | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1 | | 58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED] | | | | | | | | | | | |
| 59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED] | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) | | | | | | | | | | | | | |
| 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED] | | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED] | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | | | | | | | | | | | | | | | | |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | | | | | | | | | | |
| CASE INFO. | 72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC | | NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. | | Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | | | | | | |
| | 73. REPORTING MEMBER (Print Name) PROCTOR, STEPHEN F | | STAR/EMPLOYEE NO. 6745 | | SIGNATURE [REDACTED] | | | | | | | | | | | | | | |
| | 10-JUN-2015 03:58:53 | | | | | | | | | | | | | | | | | | |
| SIGNATURES | 74. REVIEWING SUPERVISOR (Print Name) SLECHTER, SCOTT M | | STAR NO. 1462 | | SIGNATURE [REDACTED] | | DATE REVIEWED 10-JUN-2015 04:02:34 | | TIME | | | | | | | | | | |
| | [REDACTED] | | | | | | | | | | | | | | | | | | |
| | [REDACTED] | | | | | | | | | | | | | | | | | | |

70. EVENT NO.

71. R.D. NO.

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was admitted to [REDACTED] due to injuries he received when he jumped down a chimney fleeing from the police.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

R/WOL reviewed all reports associated with this event and concluded that the member's actions were in compliance with Department procedures and directives.

The printout of the Taser Report does not reflect the true time of the Taser deployment of 2202 hrs. on 09 June 2015.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1075584 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BAIO, ANTONIO M

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

10-JUN-2015 04:11:03

79. TOTAL TRR's THIS EVENT No.

4

RD NO. [REDACTED]

"X APPLICABLE BOXES"

CPD 0288826

Offender made several attempts to obtain taser from officer by grabbing / lurching for officer's taser.

| | | | |
|--|------------------|--|-----------------|
| REPORTING MEMBER - SIGNATURE PROCTOR, STEPHEN F | STAR NO. 6745 | WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE BAIO, ANTONIO M | STAR NO. 495 |
|--|------------------|--|-----------------|

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

ARREST REPORTING

Name

Res

Beat: 1132

Male

Black

6' 00"

200 lbs

Brown Eyes

Black Hair

Short Hair Style

Dark Complexion

NO PICTURE
AVAILABLE

Marks:

OFFENDER

Arrest Date: 09 June 2015 22:45 TRR Completed? Yes

Total No Arrested: 1

Co-Arrests

Assoc Cases

Location: Beat: 1132

DCFS Ward ? No

290 - Residence

Holding Facility: District 011 Male Lockup

Resisted Arrest? Yes

Dependent Children? No

INCIDENT

Victim

1

Offense As Cited 725 ILCS 5.0/110-3

State Of Illinois, Po Monicholas
#13292

ISSUANCE OF WARRANT

2

Offense As Cited 720 ILCS 5.0/31-1-A

State Of Illinois, Po Bertini
#13396

RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR

Class A - Type M

3

Offense As Cited 720 ILCS 5.0/31-1-A

State Of Illinois, Po Hawkins
#13471

RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR

Class A - Type M

4

Offense As Cited 720 ILCS 5.0/31-1-A

State Of Illinois, Po Proctor
#6745

RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR

Class A - Type M

5

Offense As Cited 720 ILCS 5.0/31-1-A

State Of Illinois, Po Gorzellany
#14041

RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR

Class A - Type M

6

Offense As Cited 720 ILCS 5.0/12-3.05-D-4

State Of Illinois, Po Hawkins
#13471

AGG BATTERY/PEACE OFFICER

Class 2 - Type F

7

Offense As Cited 720 ILCS 5.0/12-3.05-D-4

State Of Illinois, Po Proctor
#6745

CHARGES

IR #

CB #

ARREST REPORTING

| | | | |
|----|------------------|--|--|
| 8 | Offense As Cited | AGG BATTERY/PEACE OFFICER Class 2 - Type F 720 ILCS 5.0/12-3.05-D-4 | State Of Illinois, Po Gorzellany #14041 |
| 9 | Offense As Cited | AGG BATTERY/PEACE OFFICER Class 2 - Type F 725 ILCS 5.0/110-3 | State Of Illinois, Po Monicholas #13292 |
| 10 | Offense As Cited | ISSUANCE OF WARRANT 725 ILCS 5.0/110-3 ISSUANCE OF WARRANT | |

FELONY
REVIEW

Felony Review : Approved 10 JUN 2015 04:09

Chelho, J

State's Attorneys's Office

RECOVERED
NARCOTICS

NO NARCOTICS RECOVERED

WARRANT

| Warrant No | Issue Date | Type | NCIC/ Leads No | Hold | Bond Amount | Case Docket No | County |
|------------|--|-------------------------|-------------------|------|----------------|-------------------|--------|
| | 07-MAY-15 | Bond Forfeiture Warrant | | | \$0.00 | | Cook |
| Remarks: | HOLD FOR COOK CO SHERIFF - NO BOND - BFW DCS - VERIFIED PER AHEARN #19883 | | | | | | |
| | 27-MAY-15 | Bond Forfeiture Warrant | | | \$3,000.00 | | Dupage |
| Remarks: | HOLD FOR DUPAGE CO SHERIFF - FTA NO VALID DL - VERIFIED PER AHEARN #19883 | | | | | | |
| | 21-MAY-15 | Bond Forfeiture Warrant | | | \$0.00 | | Cook |
| Remarks: | HOLD FOR COOK CO SHERIFF - NO BOND - BFW DCS - CONFIRMED TO HERNANDEZ #14051 | | | | | | |

ARREST REPORTING

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Po Bertini #13396

Res: 3151 W Harrison St
Chicago, IL 60612
312-746-8386

Beat: 1134

Male

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Po Hawkins #13471

Res: 3151 W Harrison St
Chicago, IL 60612
312-746-8386

Beat: 1134

Male

Injured? Yes Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Empl: 3151 W Harrison St
Chicago, IL 60612
312-746-8386

Beat: 1134

NON-OFFENDER(S)



| ARREST REPORTING | |
|------------------|---------------------|
| | Injuries: Abrasions |

ARREST COPY

ARREST REPORTING

SCRAPES TO RIGHT HAND, LEFT
ELBOW, FOREARM, & HANDS

Comments:

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Po Proctor #6745

Res: 3151 W Harrison St
Chicago, IL 60612
312-746-8386

Beat: 1134

Male

Injured? Yes Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No



ARREST REPORTING

Injuries: Abrasions

IN

RE

AR

EST

US

ET

CO

ORD

PD

NY



ARREST REPORTING

SCRAPES TO BOTH ARMS

Comments:

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Po Gorzellany #14041

Res: 3151 W Harrison St
Chicago, IL 60612
312-746-8386

Beat: 1134

Male

Injured? Yes Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No



ARREST REPORTING

Injuries: Abrasions

IN

AR

REST

REPORT

ING

BY

DATE

TIME

OFFICER

NUMBER

SECTION

CHARGE

ARREST



ARREST REPORTING

SCRAPES TO LEFT ELBOW, RIGHT
FOREARMS, PINKY KNUCKLE

Comments:

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Po McNicholas #13292

Male

Injured? No

Deceased? No

Res: 3151 W Harrison St
Chicago, IL 60612
312-746-8386

Beat: 1134

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

ARREST REPORTING

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

ADDRESS OF ARREST: IN CUSTODY, A/OS AWARE THAT ABOVE WAS THE SUBJECT OF ACTIVE WARRANTS THROUGH THE 011TH DIST INTEL BULLETIN AND ARMED WITH THE OFFENDERS MUG SHOT TOURED THE AREA OF PAST ARRESTS. A/OS OBSERVED ABOVE NEAR AND SUMMONED ASSIST CARS. AS A/OS ATTEMPTED TO PLACE INTO CUSTODY ABOVE FLED INTO AND ONTO THE BACK PORCH WHERE HE THEN RAN UP THREE FLIGHTS OF STAIRS TO THE ROOF. THE OFFENDER THEN ENTERED THE CHIMNEY AND MADE HIS WAY DOWN FOUR FLIGHTS WHERE HE CAME TO REST IN THE BASEMENT WHERE HE BECAME LODGED, VISIBLE ONLY FROM THE LEGS DOWN. WHILE STILL INSIDE THE CHIMNEY THE OFFENDER KICKED A/OS PROCTOR #6745, GORZELLANNY #14041 AND HAWKINS #13471 AS THEY ATTEMPTED TO SECURE HIS LEGS. WHILE STILL INSIDE THE CHIMNEY THE OFFENDER THEN KICKED AND PUSHED BRICKS UPON A/OS PROCTOR, GORZELLANNY AND HAWKINS. THE OFFENDER WAS LOCATED IN A TIGHT SPACE NEAR NUMEROUS HEATING, GAS AND A/C PIPES MAKING IT DIFFICULT TO SUBDUE THE OFFENDER. DUE TO THE CONFINED SPACE A/O PROCTOR WAS ABLE TO DEPLOY A TASER AS THE OFFENDER DISOBEYED NUMEROUS VERBAL COMMANDS TO "STOP RESISTING" AS THE OFFENDER KNEED AND KICKED A/OS PROCTOR, GORZELLANNY AND HAWKINS. THE OFFENDER THEN REMOVED THE PRONGS AND ATTEMPTED TO SWIPE THE TASER FROM A/O PROCTOR. ONCE SUCCESSFULLY REMOVED FROM THE CHIMNEY THE OFFENDER THEN ELBOWED A/O PROCTOR, GORZELLANNY AND HAWKINS WHILE CONTINUALLY FLAILING HIS ARMS AND KICKING AT A/OS. THE OFFENDER WAS THEN PLACED INTO CUSTODY AND IMMEDIATELY TRANSPORTED WITHOUT DELAY TO CFD AMBULANCE #10 WHICH WAS WAITING ON SCENE WITH CFD TRUCK 26 WHICH ASSISTED WITH EMERGENCY EXTRACTION. WHILE IN THE AMBULANCE THE OFFENDER STATED TO A/O HAWKINS HE WAS INTOXICATED AFTER INGESTING "FOUR HITS OF ECSTASY" AND "SMOKING SOME LEAF," "LEAF" BEING STREET TERMINOLOGY FOR PCP. A/OS OBSERVED THE OFFENDER TO BE COMPLETELY COVERED IN CHIMNEY SUT WITH VARIOUS BRUISING/ABRASIONS TO THE OFFENDERS FACE, BODY AND HANDS AS A RESULT OF PROPELLING HIMSELF DOWN FOUR FLIGHTS WHILE INSIDE THE CHIMNEY. OFFENDER ADMITTED TO FOR PAROL VIOLATION AND FOR FAILURE TO APPEAR (TRAFFIC) VERIFIED PER AHEARN #19983. TASER REPORTED TO IPRA WITH CL#1075584 AND PRONGS INVENTORIED UNDER CPIC NOTIFIED AT 0103 HRS GRISSETT #15715. NO INV ALERTS, CLEAR GIPP/TRAPP/SSL. TRRS AND OBRS COMPLETED.

SEE WC COMMENTS SECTION FOR ADDITIONAL COMMENTS

Desired Court Date: 17 June 2015
Branch: 44-2 3150 W FLOURNOY - Room
Court Sgt Handle? No
Initial Court Date:
Branch: - Room
Docket #:

BOND INFORMATION NOT AVAILABLE

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #13292 MCNICHOLAS, M B) 10 JUN 2015 03:46

ARRESTING OFFICER(S):

| | | | Beat |
|------------------------|--------|-----------------|------|
| 1st Arresting Officer: | #13292 | MCNICHOLAS, M B | 1122 |
| 2nd Arresting Officer: | #13396 | BERTINI, M L | 1122 |

APPROVING SUPERVISOR:

Approval of Probable Cause : #2167 O DONNELL, W M) 10 JUN 2015 03:52

ARREST PROCESSING REPORT

Holding Facility: District 011 Male Lockup

Received in Lockup:

Prints Taken:

Palmprints Taken:

Photograph Taken:

Released from Lockup:

Time Last Fed:

Time Called:

Phone#:

Cell #:

Transport Details : 2PO 1122 09-JUN-2015 22:49

VISUAL CHECK OF ARRESTEE

ARRESTEE QUESTIONNAIRE

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

LOCKUP KEEPER COMMENTS:

LOCKUP KEEPER PROCESSING

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

| MOVEMENT LOG | Action | By | Destination | Reason |
|--------------|-------------|----------------------------|--|--------------|
| | RECEIVED BY | #4163 Althoff, Kelin | 09 JUN 2015 22:55 Mt. Sinai | Medical Attn |
| | RELEASED BY | #2167 O'Donnell, Weslene M | 09 JUN 2015 22:55 District 011 Male Lockup | |

| WC COMMENTS | Watch Commander Comments: | | |
|-------------|--|--|--|
| | #1434 Lasch, Alan P | | |
| | 10 JUN 2015 06:33 | | |
| | An evidence technician was ordered to print and photo EVANS. | | |
| | #2167 O'Donnell, Weslene M | | |
| | 10 JUN 2015 04:02 | | |
| | CPIC notified 0222 Grissett #15715 | | |
| | Mt. Sinai er #7 | | |
| | #1434 Lasch, Alan P | | |
| | 10 JUN 2015 06:32 | | |
| | EVANS is now in room 221 at Mount Sinai. | | |

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

| PROCESSING PERSONNEL | ARRESTEE PROCESSING PERSONNEL: | | | |
|----------------------|--------------------------------|-----------------------|-------------------|------|
| | Assisting Arresting Officer: | Beat | | |
| | #11240 ESPINOZA, E S | 1106B | | |
| | #11641 SEHNER, E M | 1106C | | |
| | #13471 HAWKINS, K T | 1106A | | |
| | #14041 GORZELANNY JR, R E | 1106D | | |
| | #14991 RAMEY, C R | 1106C | | |
| | #18329 KARCZEWSKI, K E | 1106D | | |
| | #6745 PROCTOR, S F | 1106B | | |
| | #7834 FITZGERALD, A P | 1106A | | |
| | Detective : | #21403 Spain, Brian S | 10 JUN 2015 04:24 | 5317 |

APPROVAL PERSONNEL:

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--------------------------------|--|------------------------------|---|--|---|--|---|--|---|--|
| MEMBER INVOLVED | 1. DATE OF INCIDENT 09-JUN-2015 | | TIME 22:02:00 | | 2. ADDRESS OF OCCURRENCE [REDACTED] | | | 3. LOCATION CODE 090 | | 4. BEAT/OCCUR 1132 | | | | | | | | |
| | 5. POSITION 9161 | | 6. LAST NAME GORZELANNY JR | | 7. FIRST NAME ROBERT E | | 8. STAR NO. 14041 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE WHI | | 11. AGE [REDACTED] | | 12. HT. 601 | | 13. WT. 230 | |
| | 14. DATE OF APPT. 05-OCT-2012 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 011 1106D | | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | |
| SUBJECT INFORMATION | 20. LAST NAME [REDACTED] | | 21. FIRST NAME [REDACTED] | | 22. M.I. [REDACTED] | | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24. RACE BLK | | 25. D.O.B. [REDACTED] | | 26. HT. 511 | | 27. WT. 230 | | | |
| | 28. TELEPHONE NO. [REDACTED] | | 29. TELEPHONE NO. [REDACTED] | | 30. WAS SUBJECT ARMED? HANDS/FISTS, FEET <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | | | | |
| | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED] | | 34. BY WHOM? [REDACTED] | | 35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | 36. CHARGES PLACED [REDACTED] | | 37. CB NO. [REDACTED] | | IR NO. [REDACTED] | | | | | | | |
| REASON FOR USE OF FORCE (Check all that apply) | 38. DNA <input type="checkbox"/> | | SUBJECT'S ACTIONS | | MEMBER'S RESPONSE | | ASSAILANT: ASSAULT | | ASSAILANT: BATTERY | | ASSAILANT: DEADLY FORCE | | | | | | | |
| | | | PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____ | | ACTIVE RESISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____ | | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____ | | ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____ | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____ | | | | | | | |
| | | | MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____ | | OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____ | | ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____ | | KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | FIREARM <input type="checkbox"/> OTHER _____ | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 39. DNA <input checked="" type="checkbox"/> | | 40. ADDITIONAL INFORMATION | | 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | 42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors | | 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | 44. WEATHER CONDITIONS OTHER | | | | | | | |
| | 45. MAKE/MANUFACTURER | | 46. MODEL | | 47. BARREL LENGTH | | 48. CALIBER/GAUGE | | 49. TASER DART ID NO. | | 50. WEAPON SERIAL No. (Include Letters) | | 51. CHICAGO GUN REG. NO. | | 52. IL FIREARM OWNER ID. NO. | | 53. HANDGUN CERTIFICATE NO. | |
| | 54. SPECIAL WEAPON CERTIFICATE NO. | | 55. PROPERTY INVENTORY NO. | | 56. TYPE OF AMMUNITION USED | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER | | 58. TOTAL NO. OF SHOTS MEMBER FIRED | | 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) | |
| CASE INFO. | 70. EVENT NO. | | 71. R.D. NO. | | 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | |
| | | | | | 72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | | | | | |
| | | | | | 73. REPORTING MEMBER (Print Name) GORZELANNY JR, ROBERT E 10-JUN-2015 04:01:44 | | STAR/EMPLOYEE NO. 14041 | | SIGNATURE [REDACTED] | | | | | | | | | |
| SIGNATURES | | | | | 74. REVIEWING SUPERVISOR (Print Name) SLECHTER, SCOTT M | | STAR NO. 1462 | | SIGNATURE [REDACTED] | | DATE REVIEWED 10-JUN-2015 04:02:14 | | TIME | | | | | |

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was admitted to [REDACTED] due to injuries he received when he jumped down a chimney fleeing from the police.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

R/WOL concluded that the member's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BAIO, ANTONIO M

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

10-JUN-2015 04:12:51

79. TOTAL TRR's THIS EVENT No.

4

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|---|--|--|---|--------------------------------|--|--|--|--|---|--|-----------------------|--|-----------------------|---|---|----------------------|--|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| MEMBER INVOLVED | 1. DATE OF INCIDENT 09-JUN-2015 | | TIME 22:02:00 | | 2. ADDRESS OF OCCURRENCE [REDACTED] | | | 3. LOCATION CODE 090 | | 4. BEAT/OCCUR 1132 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. POSITION 9161 | | 6. LAST NAME HAWKINS | | 7. FIRST NAME KEVIN T | | 8. STAR NO. 13471 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE WHI | | 11. AGE [REDACTED] | | 12. HT. 601 | | 13. WT. 215 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14. DATE OF APPT. 30-NOV-2012 | | | 15. EMPLOYEE NO. [REDACTED] | | | 16. UNIT & BEAT OF ASSIGNMENT 011 1106A | | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBJECT INFORMATION | 20. LAST NAME [REDACTED] | | 21. FIRST NAME [REDACTED] | | 22. M.I. [REDACTED] | | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24. RACE BLK | | 25. D.O.B. [REDACTED] | | 26. HT. 511 | | 27. WT. 230 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 29. TELEPHONE NO. [REDACTED] | | | 30. WAS SUBJECT ARMED? OTHER (SPECIFY), MOUTH (SPIT, BITE, ETC), HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | 31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | 32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED] | | | 34. BY WHOM? [REDACTED] | | | 35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 05 Refused Medical Aid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36. CHARGES PLACED [REDACTED] | | | | | | | | | | | | | | | | | | 37. CB NO. [REDACTED] | | IR NO. [REDACTED] | | DNA <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REASON FOR USE OF FORCE (Check all that apply) | 38. DNA <input type="checkbox"/> | | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT: ASSAULT | | ASSAILANT: BATTERY | | ASSAILANT: DEADLY FORCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | FLED <input checked="" type="checkbox"/> | | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> | | ATTACK WITH WEAPON <input checked="" type="checkbox"/> | | ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> | | PULLED AWAY <input checked="" type="checkbox"/> | | OTHER _____ | | OTHER _____ | | OTHER BRICKS STRUCK P.O. | | WEAPON <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEMBER'S RESPONSE | MEMBER PRESENCE <input checked="" type="checkbox"/> | | OPEN HAND STRIKE <input type="checkbox"/> | | ELBOW STRIKE <input type="checkbox"/> | | KNEE STRIKE <input type="checkbox"/> | | FIREARM <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | VERBAL COMMANDS <input checked="" type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | OTHER _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ESCORT HOLDS <input checked="" type="checkbox"/> | | OC CHEMICAL WEAPON <input type="checkbox"/> | | IMPACT WEAPON (Describe in Box 40) <input checked="" type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39. DNA <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | 40. ADDITIONAL INFORMATION AFTER OFFENDER STRUCK P.O. WITH KICKS P.O. USED ASP TO SEIZE ON GOING STRIKES. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | POSITION | | STAR NO. | | UNIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN | | 44. SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/> | | 42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors | | 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial | | 44. WEATHER CONDITIONS CLEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 45. MAKE/MANUFACTURER | | 46. MODEL | | 47. BARREL LENGTH | | 48. CALIBER/GAUGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49. TASER DART ID NO. | | | | | | | | | | | | | | | | | | 50. WEAPON SERIAL No. (Include Letters) | | | | | | | | | | | | | | | | | | 51. CHICAGO GUN REG. NO. | | | | | | | | | | | | | | | | | | 52. IL FIREARM OWNER ID. NO. | | | | | | | | | | | | | | | | | | 53. HANDGUN CERTIFICATE NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54. SPECIAL WEAPON CERTIFICATE NO. | | | | | | | | | | | | | | | | | | 55. PROPERTY INVENTORY NO. | | | | | | | | | | | | | | | | | | 56. TYPE OF AMMUNITION USED | | | | | | | | | | | | | | | | | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. | | | | | | | | | | | | | | | | | | 58. TOTAL NO. OF SHOTS MEMBER FIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | | | | | | | | | | | | | | | | | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | | | | | | 61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED | | | | | | | | | | | | | | | | | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) | | | | | | | | | | | | | | | | | | 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | | | | | | | | | | | | | | | | | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | | | | | | | | | | | | | | | | | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | | | | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | | | | | | | | | | | | | | | | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | | | | | | | | | | | | | | | | | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | | | | | | | | | | | | | | | | | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CASE INFO. | 72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC | | | | | | | | | | | | | | | | | | NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. | | | | | | | | | | | | | | | | | | Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 73. REPORTING MEMBER (Print Name) HAWKINS, KEVIN T | | | | | | | | | | | | | | | | | | STAR/EMPLOYEE NO. 13471 | | | | | | | | | | | | | | | | | | SIGNATURE [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10-JUN-2015 02:10:41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURES | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 74. REVIEWING SUPERVISOR (Print Name) SLECHTER, SCOTT M | | | | | | | | | | | | | | | | | | STAR NO. 1462 | | | | | | | | | | | | | | | | | | SIGNATURE [REDACTED] | | | | | | | | | | | | | | | | | | DATE REVIEWED 10-JUN-2015 02:31:52 | | | | | | | | | | | | | | | | | | TIME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

70. EVENT NO.

71. R.D. NO.

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was admitted to [REDACTED] due to injuries he received when he jumped down a chimney fleeing from the police.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

R/WOL concluded that the member's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BAIO, ANTONIO M

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

10-JUN-2015 04:14:31

79. TOTAL TRR's THIS EVENT No.

4

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|--|--|---|--------------------------------|--|---|--|--|--|--|-----------------------|--|-----------------------|--------------------------|--|----------------------|--|---------------------------------|--|
| MEMBER INVOLVED | 1. DATE OF INCIDENT 09-JUN-2015 | | TIME 22:02:00 | | 2. ADDRESS OF OCCURRENCE [REDACTED] | | | 3. LOCATION CODE 090 | | 4. BEAT/OCCUR 1132 | | | | | | | | | | | | | |
| | 5. POSITION 9161 | | 6. LAST NAME BERTINI | | 7. FIRST NAME MICHAEL L | | 8. STAR NO. 13396 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE WHI | | 11. AGE [REDACTED] | | 12. HT. 511 | | 13. WT. 240 | | | | | | |
| | 14. DATE OF APPT. 15-MAR-2013 | | | 15. EMPLOYEE NO. [REDACTED] | | | 16. UNIT & BEAT OF ASSIGNMENT 011 1122 | | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | | | | | |
| SUBJECT INFORMATION | 20. LAST NAME [REDACTED] | | 21. FIRST NAME [REDACTED] | | 22. M.I. [REDACTED] | | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24. RACE BLK | | 25. D.O.B. [REDACTED] | | 26. HT. 511 | | 27. WT. 230 | | | | | | | | |
| | 28. TELEPHONE NO. [REDACTED] | | | 29. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | 30. FEET, HANDS/FISTS [REDACTED] | | | 31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | 32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | | | | | |
| | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED] | | | 34. BY WHOM? [REDACTED] | | | 35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | | | | | | | | | | | | | | | |
| 36. CHARGES PLACED [REDACTED] | | | | | | | | | | | | | | | | | | 37. CB NO. [REDACTED] | | IR NO. [REDACTED] | | DNA <input type="checkbox"/> | |
| REASON FOR USE OF FORCE (Check all that apply) | 38. DNA <input type="checkbox"/> | | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT: ASSAULT | | ASSAILANT: BATTERY | | ASSAILANT: DEADLY FORCE | | | | | | | | | | | | |
| | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | FLED <input checked="" type="checkbox"/> | | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> | | ATTACK WITH WEAPON <input checked="" type="checkbox"/> | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> | | | | | | | | | | | | | | |
| | STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> | | PULLED AWAY <input checked="" type="checkbox"/> | | OTHER _____ | | ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> | | WEAPON <input type="checkbox"/> | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | MEMBER PRESENCE <input checked="" type="checkbox"/> | | OPEN HAND STRIKE <input checked="" type="checkbox"/> | | ELBOW STRIKE <input type="checkbox"/> | | KNEE STRIKE <input type="checkbox"/> | | FIREARM <input type="checkbox"/> | | | | | | | | | | | | | | |
| | VERBAL COMMANDS <input checked="" type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | OTHER _____ | | | | | | | | | | | | | | |
| | ESCORT HOLDS <input checked="" type="checkbox"/> | | OC CHEMICAL WEAPON <input type="checkbox"/> | | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| WRISTLOCK <input checked="" type="checkbox"/> | | CANINE <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| ARMBAR <input checked="" type="checkbox"/> | | TASER (Probe Discharge) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | TASER (Contact Stun) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| CONTROL INSTRUMENT <input checked="" type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> | | OTHER _____ | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | | | | | | | | | | | | | | | | | | | | | | | |
| 39. DNA <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 40. ADDITIONAL INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | | | | | | | | | | | | | | | | | | | | | | |
| 42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors | | | | | | | | | | | | | | | | | | | | | | | |
| 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | | | | | | | | | | | | | | | | | | | | | | |
| 44. WEATHER CONDITIONS OTHER | | | | | | | | | | | | | | | | | | | | | | | |
| 45. MAKE/MANUFACTURER | | | | | | | | | | | | | | | | | | | | | | | |
| 46. MODEL | | | | | | | | | | | | | | | | | | | | | | | |
| 47. BARREL LENGTH | | | | | | | | | | | | | | | | | | | | | | | |
| 48. CALIBER/GAUGE | | | | | | | | | | | | | | | | | | | | | | | |
| 49. TASER DART ID NO. | | | | | | | | | | | | | | | | | | | | | | | |
| 50. WEAPON SERIAL No. (Include Letters) | | | | | | | | | | | | | | | | | | | | | | | |
| 51. CHICAGO GUN REG. NO. | | | | | | | | | | | | | | | | | | | | | | | |
| 52. IL FIREARM OWNER ID. NO. | | | | | | | | | | | | | | | | | | | | | | | |
| 53. HANDGUN CERTIFICATE NO. | | | | | | | | | | | | | | | | | | | | | | | |
| 54. SPECIAL WEAPON CERTIFICATE NO. | | | | | | | | | | | | | | | | | | | | | | | |
| 55. PROPERTY INVENTORY NO. | | | | | | | | | | | | | | | | | | | | | | | |
| 56. TYPE OF AMMUNITION USED | | | | | | | | | | | | | | | | | | | | | | | |
| 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER | | | | | | | | | | | | | | | | | | | | | | | |
| 58. TOTAL NO. OF SHOTS MEMBER FIRED | | | | | | | | | | | | | | | | | | | | | | | |
| 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | |
| 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | | | | | | | | | | | |
| 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED | | | | | | | | | | | | | | | | | | | | | | | |
| 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | |
| 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | |
| 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | | | | | | | | | | | | | | | | | | | | | | |
| 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | | | | | | | | | | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | | | | | | | | | | | | | | | | | | | | | | |
| 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | | | | | | | | | | | | | | | | | | | | | | |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | |
| 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | |
| CASE INFO. | 70. EVENT NO. | | | | | | | | | | | | | | | | | | | | | | |
| | 71. R.D. NO. | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURES | 72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC | | | | | | | | | | | | | | | | | | | | | | |
| | NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. | | | | | | | | | | | | | | | | | | | | | | |
| | Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | | | | | | | | | | | | | | |
| 73. REPORTING MEMBER (Print Name) BERTINI, MICHAEL L | | | | | | | | | | | | | | | | | | | | | | | |
| STAR/EMPLOYEE NO. 13396 | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | |
| 10-JUN-2015 03:57:53 | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | | | | | | | | | | | | | | | | | | | |
| 74. REVIEWING SUPERVISOR (Print Name) SLECHTER, SCOTT M | | | | | | | | | | | | | | | | | | | | | | | |
| STAR NO. 1462 | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | |
| DATE REVIEWED 10-JUN-2015 04:01:44 | | | | | | | | | | | | | | | | | | | | | | | |
| TIME | | | | | | | | | | | | | | | | | | | | | | | |

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was admitted to [REDACTED] due to injuries he received when he jumped down a chimney fleeing from the police.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

R/WOL concluded that the member's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BAIO, ANTONIO M

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

10-JUN-2015 04:15:42

79. TOTAL TRR's THIS EVENT No.

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